

SUPPLEMENTAL REGISTRATION FORM

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd floor, Baton Rouge, LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME Hall Allison C.
Last First M

NAME _____
CHANGE _____
Last First M

2. BUSINESS PHONE: (318) 797-1306
(Area Code) Phone Number

3. FAX PHONE (318) 798-1178

4. BUSINESS ADDRESS 830 Rosebud Lane Shreveport Louisiana 71115
Street and No. City State Zip

MAILING ADDRESS Same as above

Street and No. City State Zip

5. EMPLOYER AstraZeneca Pharmaceuticals, LP

6. EMPLOYER'S ADDRESS 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737
Street and No. City State Zip

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes ☒ No ☐

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name AstraZeneca Pharmaceuticals, LP
Address 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries.

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of June 22, 2006

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 06-27-00

3960721

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

Executive Lobbyist Registration No.

- 2) Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
- 3) Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Allison C. Hall
Signature of Lobbyist